



**COUNTY OF RAPPAHANNOCK COUNTY, VIRGINIA**

**REQUEST FOR PROPOSALS FOR  
AUTOMATED AMBULANCE BILLING,  
INSURANCE SERVICES & COLLECTION SYSTEM**

**Date of Issue**

May 17, 2013

**Due Date for Proposal**

June 25, 2013 @ 4:00 p.m.

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**COUNTY OF RAPPAHANNOCK, VA  
REQUEST FOR PROPOSALS  
FOR  
AUTOMATED AMBULANCE BILLING,  
INSURANCE SERVICES & COLLECTION SYSTEM  
PUBLIC NOTICE**

The Board of Supervisors of Rappahannock County, Virginia is requesting proposals from qualified entities to provide automated ambulance billing, insurance services and collection system for the Rappahannock County and its Emergency Medical Services.

A complete package providing more detailed information may be obtained at:

Office of the County Administrator  
John McCarthy, County Administrator  
County of Rappahannock  
290 Gay Street  
Washington, VA 22747  
(540) 675-5330  
[jwmccarthy@rappahannockcountyva.gov](mailto:jwmccarthy@rappahannockcountyva.gov)

Responses are due by 4:00 p.m., June 25, 2013. Place the original response along with five (5) copies in a sealed envelope or container clearly labeled “**Request for Proposals for Ambulance Billing, Insurance Services and Collection System**”.

*The proposal shall be signed by an authorized proposer or representative.*

Any response received after this date and time, whether hand-delivered, submitted via U.S. Postal Service, or submitted via any other delivery service, will not be accepted or considered.

Any questions concerning this Request for Proposal should be directed to Richie V. Burke, Emergency Services Coordinator, at (540) 675-5340 prior to 24 hours before proposal submission date and time.

All questions concerning this RFP that are received at least three business days prior to the due date will be distributed to all identified potential offerors along with the response provided by Rappahannock County.

The County reserves the right to amend or cancel this Request for Proposals at any time if it is in the best interests of the County. The County reserves the right to reject any or any part of all responses and to waive informalities and technicalities.

**County of Rappahannock  
Automated Ambulance Billing, Insurance Services & Collection System,  
with three Three year Renewals**

**Overview, Instructions & Information**

- A. Proposals must be submitted in a sealed package and received in accordance with the instructions detailed in the cover letter. All submittals shall be marked "Ambulance Billing". Proposal Offerors shall enclose all documents necessary to support their submittal.
- B. Offerors shall be responsible for the actual delivery of submittals during business hours to the address indicated in the cover letter. It shall not be sufficient to show that the submittal was mailed in time to be received before the scheduled closing time.
- C. Five complete sets of all required documents shall be submitted.
- D. The statement of qualifications shall contain all elements described in this request. Offeror may submit other information he feels may be important in the evaluation of his firm's capabilities.
- E. The County of Rappahannock reserves the right to reject any and all submittals and to request clarification of information from any Offerors.
- F. Offerors may be required to submit additional information that the County may deem necessary to further evaluate the Offeror's qualifications.
- G. The County of Rappahannock will not reimburse Offerors for any costs associated with the preparation and submittal of any statement of qualification, or for any travel and per diem costs that are incurred.
- H. All submittals, responses, inquiries, or correspondence relating to or in reference to this RFP, and all reports, charts, and other documentation submitted by Offerors shall become the property of the County of Rappahannock upon receipt.
- I. The County shall be the sole judge as to the merits of qualifications submitted by Offerors. The decision of the County shall be final and only those Offerors considered to be qualified shall be interviewed.
- J. All statements of qualifications will be reviewed and ranked by the RFP Selection Committee (County Administrator, Representative of Volunteer Fire & Rescue Association, Emergency Manager, and member of the Board of Supervisors) based upon the committee members' evaluation of suitability of each respondent to the requirements of the RFP. Selection shall be made of two or more Offerors deemed to be fully qualified and best suited among those submitting proposals, on the basis of the factors involved in the Request for Proposal, including price if so stated in the Request for Proposal.

**NEGOTIATIONS:** Negotiations may then be conducted with each of the Offerors so selected. Price shall be considered, but need not be the sole determining factor. After negotiations have been conducted with each Offeror so selected, the RFP Selection Committee shall select the Offeror which, in its opinion, has made the best proposal, and shall make a recommendation to the Board of Supervisors to award the contract to that Offeror. Should the Selection Committee recommend and the Board of Supervisors determine in writing and in its sole discretion that only one Offeror is fully qualified, or that one Offeror is clearly more highly qualified than the others under consideration, a contract may be negotiated and awarded to that Offeror.

## I. INTRODUCTION

The Board of Supervisors of Rappahannock County requests qualified vendors to submit proposals to provide an automated ambulance billing, insurance services and collection system for the Rappahannock County Office of Emergency Services.

- A. The attached scope of work defines the provision of a fully comprehensive and automated medical billing and collection system to include technical and administrative support for the Rappahannock County Office of Emergency Services. The Rappahannock County Office of Emergency Services and the EMS Service providers perform pre-hospital medical evaluation, treatment and/or transportation to hospitals in the local area. There are 6 EMS Service Providers each preparing Patient Care Reports under their own non-profit corporation. It is the intent of the county to bill for patient transports at the county level, collecting EMS Cost Recovery funds for deposit into the County General Fund for future distribution to the companies
- B. The County of Rappahannock Department of Emergency Services estimates that the number of emergency transports will be approximately 600 or more, on an annual basis. In Calendar Year 2012 seventy-five (75%) of transports were classified as ALS, and twenty-five percent (25%) were classified as BLS.
- C. Current fees used in calculating the figures below are estimates and will be finalized prior to execution of the contracting services:
- |           |                                |
|-----------|--------------------------------|
| a. BLS    | \$400.00                       |
| b. ALS1   | \$600.00                       |
| c. ALS II | \$800.00                       |
| d. LPM    | \$10.00 ( Loaded Patient Mile) |
- D. Rappahannock County EMS transport billing follows the Rappahannock County Compassionate Billing Policy. The approach outlines how in-county and out of county patients will be billed. It also addresses the process for co-pay and total bill waivers and the process of how collections are to be conducted. This Rappahannock County Compassionate Billing Policy must be followed without exception. Rappahannock retains the right to revise this policy as additional history or situation dictates. The contractor will be provided updates as they occur. The program philosophy is that all persons will be treated with the highest quality and level of care without respect to the ability to pay.
- E. The County population is estimated to be just over 7,500 but tourism and winery business attracts many visitors and on any given day the populous is much greater during the tourist season. As such, the County expects to achieve a collection rate that may exceed that of comparably-sized EMS systems in the United States.

- F. The County of Rappahannock currently uses the Image Trend VPHIB (Field Bridge) system (the terms are used interchangeable hereafter) for collecting electronic patient care information. It is anticipated that this software system will continue to be used into the future and we are not aware of proposed changes to the current system by the state EMS Agency. The successful offeror must be able to retrieve data from Field Bridge utilizing the Virginia State Bridge or whatever system is utilized in the future.

## II. COMPETITION INTENDED

- A. It is the County's intent that this Request for Proposal (RFP) permits competition. It shall be the offeror's responsibility to advise the Purchasing Agent (who is the County Administrator) in writing if any language requirement, specification, etc., or any combination thereof, inadvertently restricts or limits the requirements stated in this RFP to a single source. Please use Exceptions to RFP Form in the back of this RFP. Such notification must be received by the Purchasing Agent not later than five (5) days prior to the date set for acceptance of proposals.

## III. TERM OF CONTRACT

- A. The contract shall cover the period beginning upon receipt of signed Agreement and continuing through December 31, 2015. This contract may be renewed at the option of the County based on the terms and conditions herein. The contract may be renewed for three (3) additional three-year periods for a total of twelve (12) years.

## IV. CONTRACTOR'S QUALIFICATIONS

- A. Qualified offerors must have experience with ambulance billing operations, data processing systems, management, integration and security experience in the ambulance industry, demonstrable record of high achievement in accounts receivable collections, and experienced staff in health care collections and in collections activities.

## V. SCOPE OF WORK TO BE PERFORMED shall include the following tasks:

- A. Coordinate invoicing and collections to insurance companies including, but not limited to, Medicare, Medicaid, managed care organizations, commercial insurance companies, and other designated third parties and payers for fees.

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- B. Discuss the importance of complying with Medicare/Medicaid policies, procedures, and directive. Include a listing of past/present penalties/findings (if any) and their resolution. If the offeror has no penalties/findings, please indicate.
- C. Prepare and mail invoices and overdue notices. All notices, invoices and letters must be in a form typically provided by the EMS Billing Industry but must be approved by the County and must comply with the provision of the Fair Debt Collection Act and any other applicable laws and regulations. Any collection efforts undertaken on behalf of the County requires a business-like demeanor in dealing with assigned accounts.
- D. The County will not tolerate debtor harassment, improper or unreasonable conduct by the selected offeror in the billing or collection process. The County will not tolerate harassment of a customer in any form or manner. If the County determines that a customer is being unduly harassed, the County reserves the right to terminate the contract immediately
- E. Prepare and submit claims, bills, invoices, etc. based on the patient care reports or data obtained through the use of Image Trend's Virginia State Bridge and in some cases forwarded to the contractor by the Rappahannock County Department of Emergency Services. Knowledge, experience, judgment and Rappahannock County Compassionate Billing Policy shall be applied to avoid or prevent the submission of claims, bills, or invoices to any third party payer, based on the documentation submitted by the County, that the services rendered do not qualify for reimbursement by the appropriate payer.
- F. Any documentation, patient care reports, claims or other such documents believed to be incomplete or that do not qualify for reimbursement, will be returned to the County for further processing or development along with an explanation of the reasons that the transport cannot be submitted for reimbursement and the additional information that may be required in order for the claim to be complete within two (2) business days. Reporting provided by the contractor
- G. Post transaction to each patient account that applies to payments, adjustments, refunds/credits, and resubmission of insurance provider claims, as well as to update all patient information when patient information is found to be incorrect. All updates will be completed within two (2) business days of receipt of information.
- H. Assure that all the information needed for billing is obtained. If the information is missing from the billing file, and the information cannot be obtained from the proper medical facility by the Contractor, the County must be notified within two (2) days of receipt of the file.
- I. Customer Service representatives who will provide patient account information Monday through Friday, 9:00 am through 5:00 pm EST, excluding all major holidays.



- J. Provide annual HIPAA training compliance to local providers in conformance with law.

VI. TECHNICAL APPROACH

- A. Describe the process used to obtain patient and missing patient information prior to issuing insurance claims or direct patient billing.
- B. Describe procedures of how the County will be notified of any overpayments or credit balances. Define how the contractor intends to prepare requisitions in accordance with County guidelines, payment of such overpayment or credit balance by the County to the appropriate party. If a particular insurer or payer requires an overpayment or refund form to accompany such an overpayment or credit balance refund, the Contractor will complete such form and submit it to the County with its payment requisition. All refund requests will be prepared within thirty (30) days of the day the account balance becoming a credit.
- C. Provide written policies and procedures for billing for ambulance transport services.
- D. Provide a detailed process used for returned mail. Include the steps and any services used to obtain new addresses.
- E. Provide a written copy of all "Red Flag" policies and procedures.
- F. Describe how the accounts are handled if a contract should be terminated for any reason.
- G. Provide a Statement on Auditing Standards No. 70 (SAS 70) SAS 70 report completed by an independent auditing contractor with the past twenty-four (24) months.
- H. Submit a copy of their customer service rules, policies and guidelines, and training program requirements for staff answering the telephone. These customer service policies may be subject to amendment by the County and the Contractor from time to time.
- I. Provide a written copy of policies regarding records storage and retention, as well as a written detail where and how records will be stored.
- J. List and detail any services which allow patients to view or update account information through a secure internet connection.
- K. Submit sample reports for review. The reports should include at a minimum, aging, bad debt, cash receipts, billing, returned mail, rejected claims, and refunds. These reports must be able to be created by staff at County Department of Emergency Services
- L. Any account placed in a hold status must be resolved within thirty (30) days. Provide an explanation as to how this will be achieved, and provide any policies and/or procedures ensuring compliance.

- M. Discuss the approach to billing and collections management, including how it transitions staff when a staff member terminates employment. Also, indicate how the department is notified of the transition and how the department would be assured of no interruption in cash flow during the process. Provide any policies and/or procedures ensuring compliance.
- N. Describe in detail the transition and startup plan. Also, include the time needed for any transition period
- O. Describe in detail the method County staff will use to access the patient billing information. Include expected hours of availability, training, and support. After contract award, the Contractor must provide electronic access to their database for the Rappahannock County Department of Emergency Services authorized personnel. The County staff shall have access during business hours.
- P. Proposals should be as thorough and detailed as possible so the Local Government may properly evaluate the Vendor's ability.
- Q. Each copy of the proposal should be bound or contained in a single volume where practical. All documentation submitted with the proposal should be contained in that single volume

### Contents of the Proposal

The Vendor is required to submit the following items as a complete proposal:

- 1) Title Page; Show the RFP subject, the name of the Offeror's firm, physical and mailing address, telephone number, name of contact person and date.
- 2) Letter of Transmittal that includes the items listed below:
  1. History of the firm, including number of years in business and size of firm.
  2. A statement by the prospective Vendor of his understanding of the work to be performed with descriptions of the billing approach and illustrations of the procedures to be employed.
  3. Biographies, including experience, of the individuals who will be assigned to the engagement.
  4. Names, addresses and telephone numbers of persons who may be contacted for reference.
- 3) Submission of Price Proposal

### PROPOSAL EVALUATION CATEGORIES AND MAXIMUM POINTS

The categories that shall be considered in the evaluation of proposals are Qualifications and Experience, Technical Approach, Presentation/Interview (if required) and Cost. The maximum points that shall be awarded for each of these categories are: <b>CATEGORIES</b>	<b><u>MAXIMUM POINTS POSSIBLE</u></b>
General Proposer Qualifications & Experience	40
Technical Approach	30
Presentation/Interview (if required)	10
Cost Proposal	20

- R. Sub-Contracting of Work- No portion of the work will be assigned to a sub-contractor without the written consent of the County.

**O. County's Responsibility**

The county shall:

1. Provide to the contractor all information in possession of the County which relates to the County requirements for the project or which is relevant.
2. Assist the contractor in obtaining permission to obtain access to Field Bridge or enter upon public property as required for contractors to perform the services.
3. Examine all studies, specifications, proposals, and other documents presented by the Contractor.
4. Designate a person(s) to act as the County's representative with respect to the work to be performed under this agreement. Such person shall have the authority to transmit instructions, receive information, interpret and define the County's policies and decisions.

## SIGNATURE SHEET

(Submit with Proposal)

My signature certifies that the proposal as submitted complies with all Terms and Conditions as set forth.

My signature also certifies that the accompanying proposal is not the result of, or affected by, any unlawful act of collusion with another person or company engaged in the same line of business or commerce, or any act of fraud punishable under Title 18.2, Chapter 12, Article 1.1 of the Code of Virginia, 1950, as amended. Furthermore, I understand that fraud and unlawful collusion are crimes under the Virginia Governmental Frauds Act, the Virginia Government Bid Rigging Act, and Virginia Antitrust Act, and Federal Law, and can result in fines, prison sentences, and civil damage awards.

My signature also certifies that this firm has no business or personal relationships with any other companies or persons that could be considered as a conflict of interest or potential conflict of interest to the County of Rappahannock and that there are no principals, officers, agents, employees, or representatives of this firm that have any business or personal relationships with any other companies or persons that could be considered as a conflict of interest or a potential conflict of interest to the County of Rappahannock, pertaining to any and all work or services to be performed as a result of this request and any resulting contract with the County of Rappahannock.

My signature certifies that the proposal and any agreement with the County resulting from same will comply with the terms of the Virginia Public Procurement Act, Chapter 43, Code of Virginia, 1950, as amended.

I hereby certify that I am authorized to sign as a Representative for the Firm:

**Complete Legal Name of Firm:**\_\_\_\_\_

**Address:**\_\_\_\_\_

**Federal ID No.:**\_\_\_\_\_ **Telephone No.**\_\_\_\_\_ **Fax No.**\_\_\_\_\_

**Name (type/print):**\_\_\_\_\_ **Title:**\_\_\_\_\_

**Signature:**\_\_\_\_\_

Trade secrets or proprietary information submitted by an offeror shall not be subject to public disclosure under the Virginia Freedom of Information Act; however, the offeror must invoke the protections of §2.2-4342F of the Code of Virginia, in writing, either before or at the time the data or other material is submitted. The written notice must specifically identify the data or materials to be protected, including the section of the proposal in which it is contained, as well as the page number(s), and state the reasons why protection is necessary. The proprietary or trade secret material submitted must be identified by some distinct method such as highlighting or underlining and must indicate only the specific words, figures, or paragraphs that constitute a trade secret or proprietary information. In addition, a summary of proprietary information provided shall be submitted on this form. The designation of an entire proposal document, line item prices, and/or total proposal prices as proprietary or trade secrets is not acceptable. If, after being given reasonable time, the offeror refuses to withdraw such a classification designation, the proposal will be rejected.

[illegible]

Unless stated in this portion of the proposal, all offerors will be considered to have accepted all the terms of the Request for Proposal (RFP), including all musts, shalls, and shoulds, and any amendments as issued, without exception.

[illegible]



## **ANTICOLLUSION/NONDISCRIMINATION/DRUG FREE WORKPLACE CLAUSES**

### **ANTICOLLUSION CLAUSE:**

IN THE PREPARATION AND SUBMISSION OF THIS BID, SAID BIDDER DID NOT EITHER DIRECTLY OR INDIRECTLY ENTER INTO ANY COMBINATION OR ARRANGEMENT WITH ANY PERSON, FIRM OR CORPORATION, OR ENTER INTO ANY AGREEMENT, PARTICIPATE IN ANY COLLUSION, OR OTHERWISE TAKE ANY ACTION IN THE RESTRAINT OF FREE, COMPETITIVE BIDDING IN VIOLATION OF THE SHERMAN ACT (15 U.S.C. SECTION 1), SECTIONS 59.1-9.1 THROUGH 59.1-

9.17 OR SECTIONS 59.1-68.6 THROUGH 59.1-68.8 OF THE CODE OF VIRGINIA.

THE UNDERSIGNED BIDDER HEREBY CERTIFIES THAT THIS AGREEMENT, OR ANY CLAIMS RESULTING THEREFROM, IS NOT THE RESULT OF, OR AFFECTED BY, ANY ACT OF COLLUSION WITH, OR ANY ACT OF, ANOTHER PERSON OR PERSONS, FIRM OR CORPORATION ENGAGED IN THE SAME LINE OF BUSINESS OR COMMERCE; AND, THAT NO PERSON ACTING FOR, OR EMPLOYED BY, THE CITY OF SUFFOLK HAS AN INTEREST IN, OR IS CONCERNED WITH, THIS BID; AND, THAT NO PERSON OR PERSONS, FIRM OR CORPORATION OTHER THAN THE UNDERSIGNED, HAVE, OR ARE, INTERESTED IN THIS BID.

### **DRUG-FREE WORKPLACE:**

DURING THE PERFORMANCE OF THIS CONTRACT, THE CONTRACTOR AGREES TO (I) PROVIDE A DRUG-FREE WORKPLACE FOR THE CONTRACTOR'S EMPLOYEES; (II) POST IN CONSPICUOUS PLACES, AVAILABLE TO EMPLOYEES AND APPLICANTS FOR EMPLOYMENT, A STATEMENT NOTIFYING EMPLOYEES THAT THE UNLAWFUL MANUFACTURE, SALE, DISTRIBUTION, DISPENSATION, POSSESSION, OR USE OF A CONTROLLED SUBSTANCE OR MARIJUANA IS PROHIBITED IN THE CONTRACTOR'S WORKPLACE AND SPECIFYING THE ACTIONS THAT WILL BE TAKEN AGAINST EMPLOYEES FOR VIOLATIONS OF SUCH PROHIBITION; (III) STATE IN ALL SOLICITATIONS OR ADVERTISEMENTS FOR EMPLOYEES PLACED BY OR ON BEHALF OF THE CONTRACTOR THAT THE CONTRACTOR MAINTAINS A DRUG-FREE WORKPLACE; AND (IV) INCLUDE THE PROVISIONS OF THE FOREGOING SECTIONS I, II, AND III IN EVERY SUBCONTRACT OR PURCHASE ORDER OF OVER \$10,000, SO THAT THE PROVISIONS WILL BE BINDING UPON EACH SUBCONTRACTOR OR VENDOR. FOR THE PURPOSE OF THIS SECTION, "DRUG-FREE WORKPLACE" MEANS A SITE FOR THE PERFORMANCE OR WORK DONE IN CONNECTION WITH A SPECIFIC CONTRACT AWARDED TO A CONTRACTOR IN ACCORDANCE WITH THIS CHAPTER, THE EMPLOYEES OF WHOM ARE PROHIBITED FROM ENGAGING IN THE UNLAWFUL MANUFACTURE, SALE, DISTRIBUTION, DISPENSATION, POSSESSION OR USE OF ANY CONTROLLED SUBSTANCE OR MARIJUANA DURING THE PERFORMANCE OF THE CONTRACT.

### **NONDISCRIMINATION CLAUSE:**

1. EMPLOYMENT DISCRIMINATION BY BIDDER SHALL BE PROHIBITED.  
2. DURING THE PERFORMANCE OF THIS CONTRACT, THE SUCCESSFUL BIDDER SHALL AGREE AS FOLLOWS:

A. THE BIDDER, WILL NOT DISCRIMINATE AGAINST ANY EMPLOYEE OR APPLICANT FOR EMPLOYMENT BECAUSE OF RACE, RELIGION, COLOR, SEX, NATIONAL ORIGIN, AGE, DISABILITY, OR ANY OTHER BASIS PROHIBITED BY STATE LAW RELATING TO DISCRIMINATION IN EMPLOYMENT, EXCEPT WHERE THERE IS A BONA FIDE OCCUPATIONAL QUALIFICATION/CONSIDERATION REASONABLY NECESSARY TO THE NORMAL OPERATION OF THE BIDDER.

B. THE BIDDER AGREES TO POST IN CONSPICUOUS PLACES, AVAILABLE TO EMPLOYEES AND APPLICANTS FOR EMPLOYMENT, NOTICES SETTING FORTH THE PROVISIONS OF THIS NONDISCRIMINATION CLAUSE. B. THE BIDDER, IN ALL SOLICITATIONS OR ADVERTISEMENTS FOR

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EMPLOYEES PLACED ON BEHALF OF THE BIDDER, WILL STATE THAT SUCH BIDDER IS AN EQUAL OPPORTUNITY EMPLOYER.

C. NOTICES, ADVERTISEMENTS, AND SOLICITATIONS PLACED IN ACCORDANCE WITH FEDERAL LAW, RULE OR REGULATION SHALL BE DEEMED SUFFICIENT FOR THE PURPOSE OF MEETING THE REQUIREMENTS OF THIS SECTION.

D. BIDDER WILL INCLUDE THE PROVISIONS OF THE FOREGOING SECTIONS A, B, AND C IN EVERY SUBCONTRACT OR PURCHASE ORDER OF OVER \$10,000, SO THAT THE PROVISIONS WILL BE BINDING UPON EACH SUBCONTRACTOR OR VENDOR.

**Name and Address of Bidder:**

**Date:**

**By:**

Signature In Ink

Printed Name

Telephone Number: ( )

Fax Phone Number: ( )

Title

FIN/SSN#:

Is your firm a "minority" business? ☐ Yes ☐ No (If yes, please indicate the "minority" classification below😊)

☐ African American ☐ Hispanic American ☐ American Indian ☐ Eskimo ☐ Asian American ☐ Aleut

☐ Other; Please

Explain: \_\_\_\_\_

Is your firm Woman Owned? ☐ Yes ☐ No

Is your firm a Small Business? ☐ Yes ☐ No

**PROOF OF AUTHORITY TO TRANSACT BUSINESS IN VIRGINIA**

THIS FORM MUST BE SUBMITTED WITH YOUR PROPOSAL/BID, FAILURE TO INCLUDE THIS FORM MAY RESULT IN REJECTION OF YOUR PROPOSAL/BID

Pursuant to Virginia Code §2.2-4311.2 an Offeror/Bidder organized or authorized to transact business in the Commonwealth pursuant to Title 13.1 or Title 50 of the Code of Virginia shall include in its proposal/bid the identification number issued to it by the State Corporation Commission ("SCC"). Any Offeror/Bidder that is not required to be authorized to transact business in the Commonwealth as a foreign business entity under Title 13.1 or Title 50 of the Code of Virginia or as otherwise required by law shall include in its proposal/bid a statement describing why the Offeror/Bidder is not required to be so authorized. Any Offeror/Bidder described herein that fails to provide the required information shall not receive an award unless a waiver of this requirement and the administrative policies and procedures establish to implement this section is granted by the City Manager, as applicable. If this quote for goods or services is accepted by the City of Suffolk, Virginia the undersigned agrees that the requirements of the Code of Virginia Section §2.2-4311.2 have been met.

Please complete the following by checking the appropriate line that applies and providing the requested information.

A. \_\_\_\_\_ Offeror/Bidder is a Virginia business entity organized and authorized to transact business in Virginia by the SCC and such vendor's Identification Number issued to it by the SCC is \_\_\_\_\_.

B. \_\_\_\_\_ Offeror/Bidder is an out-of-state (foreign) business entity that is authorized to transact business in Virginia by the SCC and such vendor's identification Number issued to it by the SCC is \_\_\_\_\_.

C. \_\_\_\_\_ Offeror/Bidder does not have an Identification Number issued to it by the SCC such vendor is not required to be authorized to transact business in Virginia by the SCC for the following reason(s):

**Please attach additional sheets if you need to explain why such Offeror/Bidder is not required to be authorized to transact business in Virginia.**

\_\_\_\_\_  
Legal Name of Company (as listed on W-9)

\_\_\_\_\_  
Legal Name of Offeror/Bidder

\_\_\_\_\_  
Date

\_\_\_\_\_  
Authorized Signature

\_\_\_\_\_  
Print or Type Name and Title